

STATE OF NEVADA
COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
400 W. King Street, Suite 106
Carson City, Nevada 89703
(775) 684-7040 | Fax (775) 684-7052

GAS-OIL RATIO REPORT

Operator: _____
Address: _____
Pool: _____ Month of: _____

(check Required Test: ☐
one) Special Test: ☐

Lease	Well No.	Date Test (mm/dd/yy)	Producing Method	Choke Size	Test Hours	Prod. During Test			GOR Cu. Ft. per Bbl.
						Water Bbls.	Oil Bbls.	Gas MCF	

I certify this information to be true, correct, and complete.

Company: _____
By: _____
Position: _____
Date: _____, 20 _____

- This report shall be submitted not later than 15 days after the test was conducted.
- Under producing methods show flowing, pumping, gas lift.
- Under 24 hours, show duration of test in hours which includes all time the well is open for production of oil or gas during the 24 hour test period.
- Produce each well in the normal operating manner and the customary production rate and measure all gas, oil and water produced during 24 hours. In computing the gas-oil ratio on gas lift wells, input is subtracted from output to obtain the net gas volume.